Autism Spectrum Disorder (ASD) Surveillance Year 2010 Findings

& Comparison with Arkansas 2002 Baseline Prevalence Study

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Background & Purpose

Background

Autism and Developmental Disabilities Monitoring (ADDM) Network

 In 2000, the Centers for Disease Control and Prevention (CDC) funded researchers in several states to develop programs to determine and monitor the prevalence of autism spectrum disorders (ASDs)

Arkansas ADDM timeline

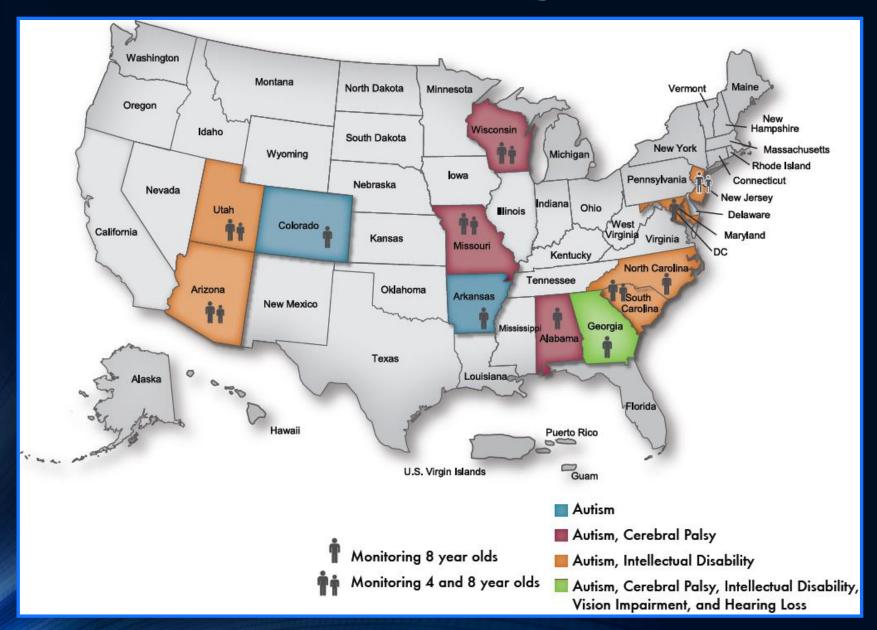
- 2002 → Statewide surveillance (baseline)—ASD and ID (Intellectual Disability)
- 2008 -> Pulaski county only (pilot)—ASD only
- 2010 → Statewide surveillance (completed)—ASD only
- 2012 -> Statewide surveillance (in progress)—ASD and ID
- 2014 & 2016 -> New CDC Funding Opportunity Announcement pending

AR ADDM Goals (What We Report)

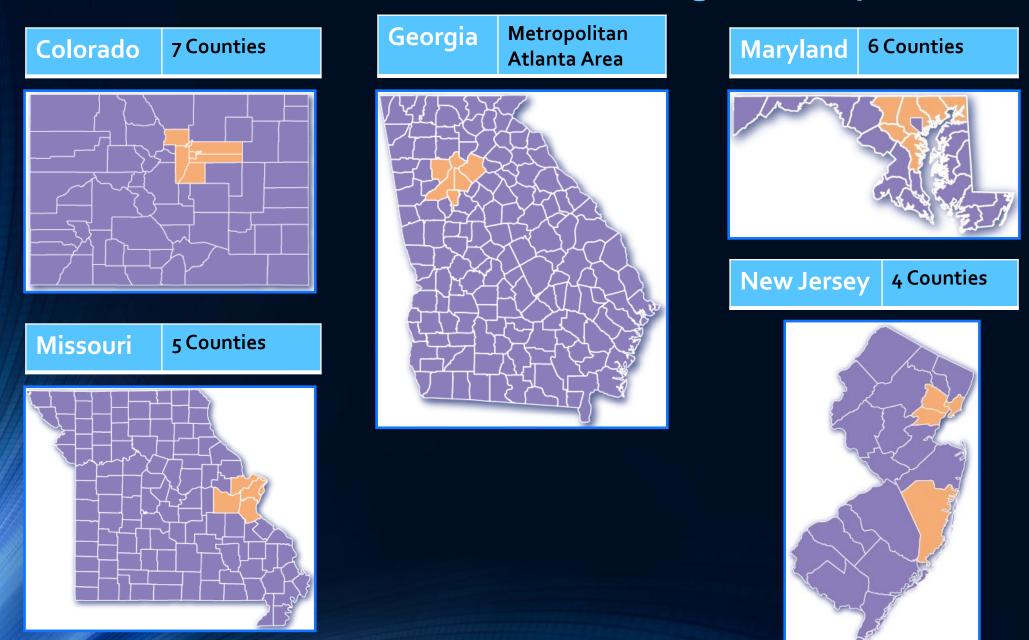
- To provide as complete a count as possible of the number of children with ASD in a specific place and time (prevalence) and identify changes over time
- To describe characteristics of children with ASDs in the state
- To compare ASD prevalence among different groups of children and in different areas of the state
- To communicate information about the impact of autism and related conditions on the state's healthcare and education systems

2010 & 2012 ADDM Network Surveillance Coverage Area

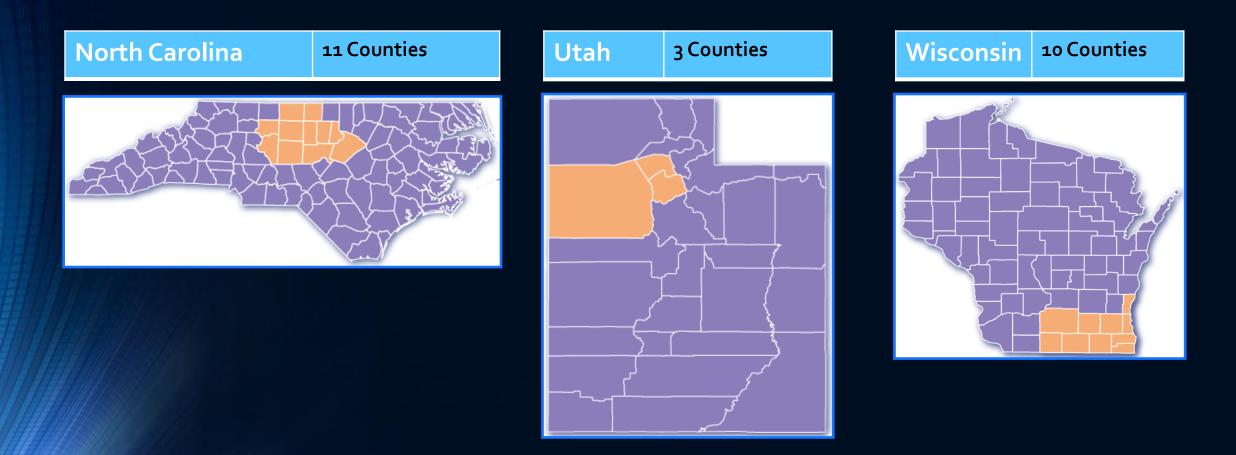
ADDM Network Sites – Tracking Years 2010 & 2012



ADDM 2010 & 2012 Surveillance Coverage Area by Site



ADDM Surveillance Coverage Area by Site (continued)



ADDM Surveillance Coverage Area by Site (continued)





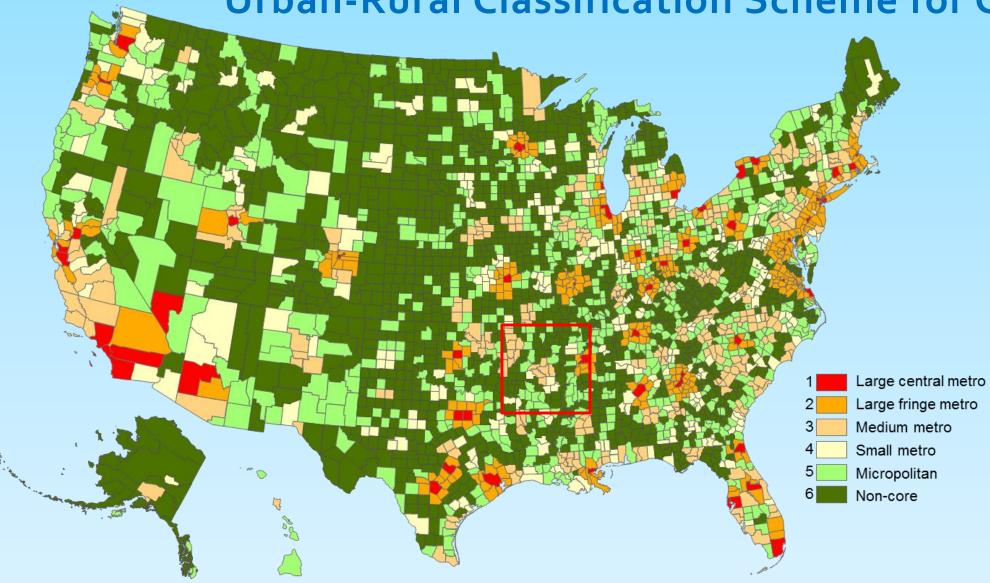






Arkansas is the only site in the ADDM network that conducts statewide surveillance

2006 National Center for Health Statistics Urban-Rural Classification Scheme for Counties



Methods

Target Population & Case Ascertainment

Methods

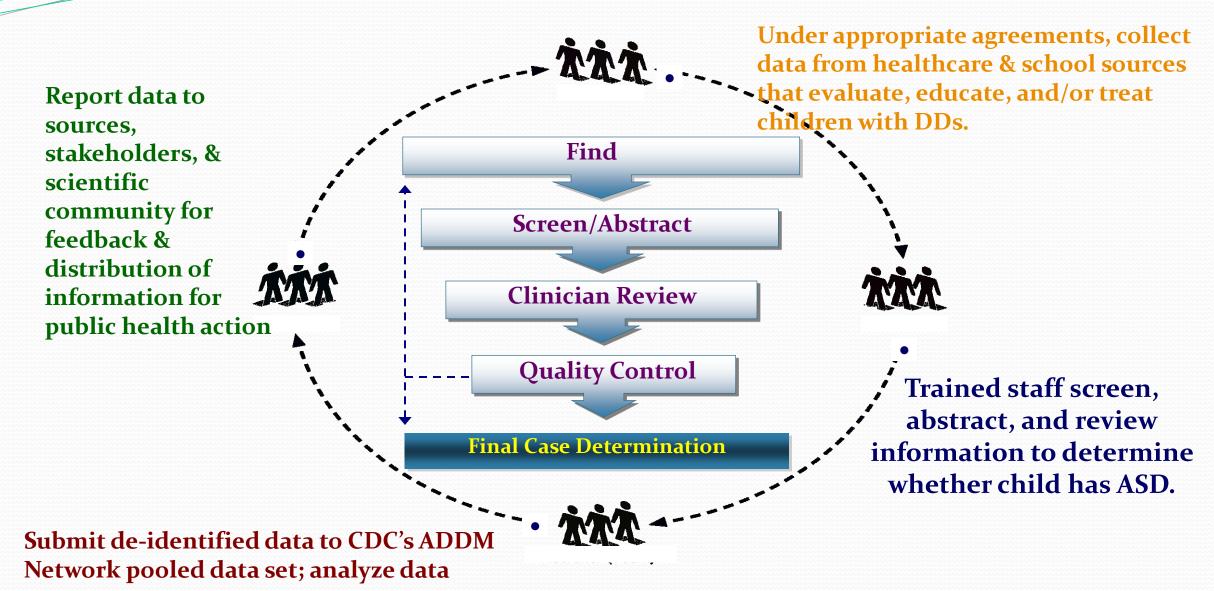
- Target population → 8-year-old children in AR in 2010
 - CDC's baseline study showed 8 years as age of peak prevalence
- Multi-source, population-based surveillance system
 - Health service records → diagnostic & delivery
 - Public school records
- Standardized methodology of case finding, record review/abstraction, and clinician review
 - Does not rely on a previous diagnosis of ASD

Steps to Finding a Case

- 1. FIND → Find children with possible ASDs by requesting records with certain clinical diagnosis codes (health sources) and all records in Special Education (school sources)
- 2. SCREEN → Screen evaluations of children for "triggers" that may indicate the presence of an ASD
- 3. ABSTRACT

 Collect relevant information from the record into a secure database
- 4. EXPERT REVIEW
 All evaluations for a child are reviewed by experienced, trained clinicians who score the record and look for diagnostic features (DSM-IV criteria) for an ASD (DSM-5 in future)

Summary of AR ADDM Surveillance System



Characteristics of Arkansas Autism Surveillance System AR ADDM SY2002 & SY2010

Abstracted and Reviewed Records, and Number of Confirmed Cases AR ADDM SY2002 & SY2010

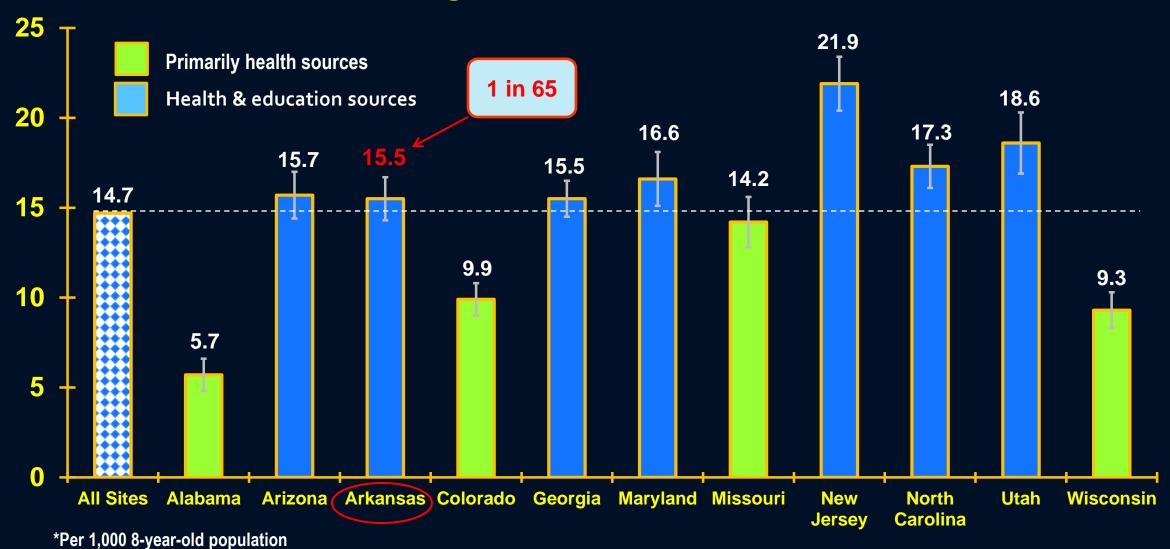
	SY2002	SY2010
# of participating health & education sources	293	253
# of records requested	7,547	7,773
# of children for whom records were requested	5,908	6,391
# of records abstracted	1,632	1,973
# of children for whom records were abstracted	1,137	1,228
# of children reviewed for ASD by clinician reviewers	525*	1,228
# of confirmed ASD cases	251	605
Confirmed cases receiving special education services	206	496
Number & percent of confirmed cases receiving special services w/ autism eligibility (primary spec ed. eligibility category only)	120 (58%)	298 (60%)

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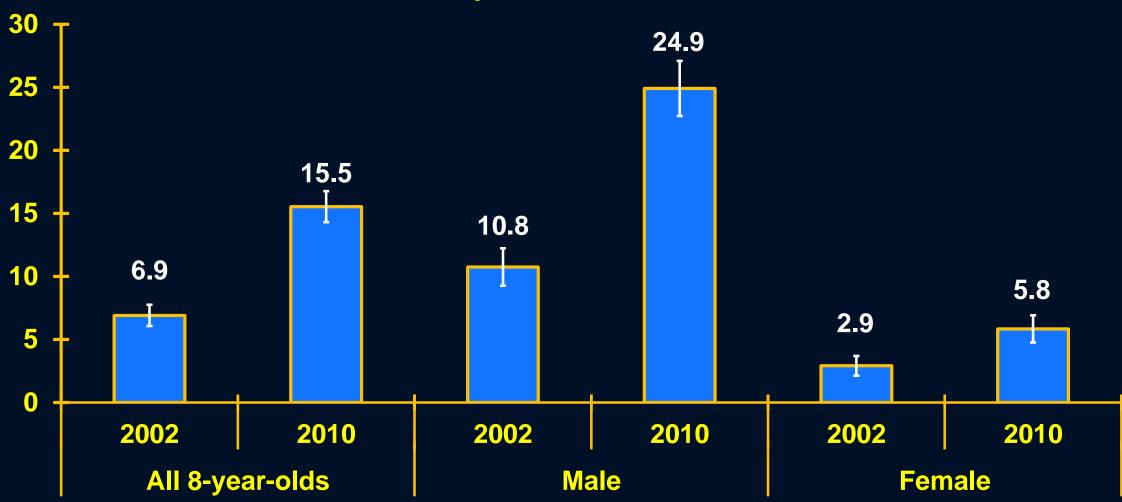
Highlights of Findings

2002 VS. 2010

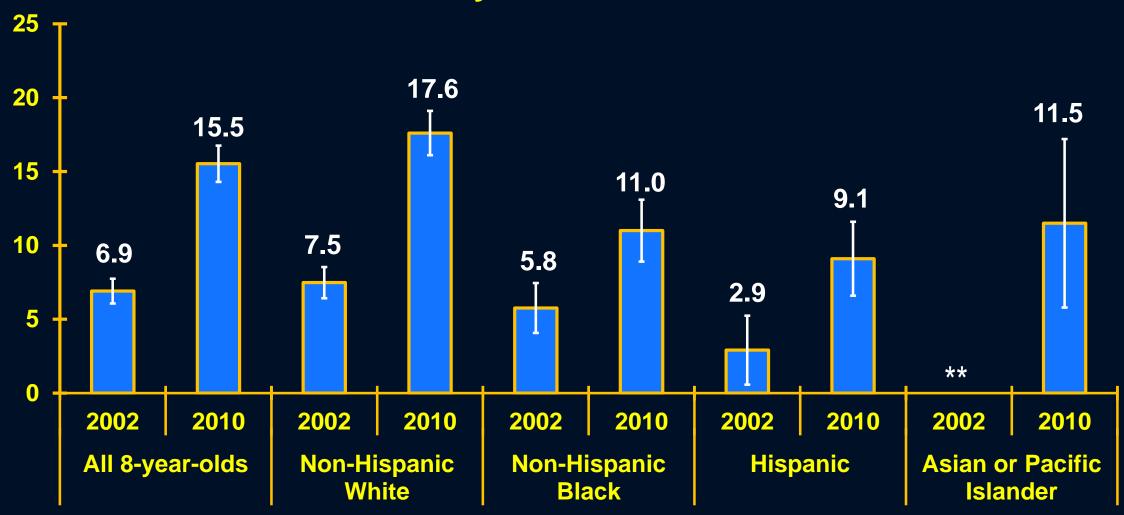
Prevalence of ASDs by Site, Autism and Developmental Disabilities Monitoring Network — 11 Sites, United States, 2010



Prevalence of ASDs* Overall and by Gender, Arkansas 8-year-olds 2002 vs. 2010



Prevalence of ASDs* Overall and by Race/Ethnicity, Arkansas 8-year-olds 2002 vs. 2010

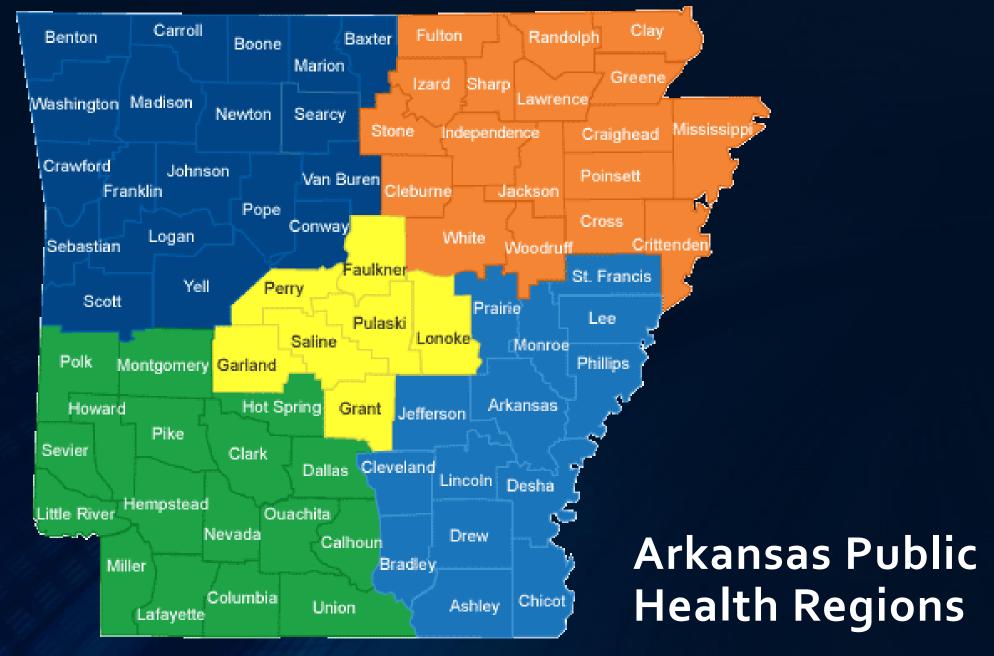


^{*}Per 1,000 8-year-old population

^{**}Rate for Asians/Pacific Islanders not presented due to small cell size(s) in 2002

Arkansas Statewide & Regional ASD Prevalence 2010

	ASD	Population	Prevalence	95%	95%
	confirmed	8-year old	per 1,000	LCL	UCL
	cases		population		
State Total	605	38,956	15.5	14.3	16.8
Northwest Region	231	13,365	17.3	15.1	19.5
Southwest Region	53	4,184	12.7	9.3	16.1
Central Region	164	10,561	15.5	13.2	17.9
Northeast Region	109	7,349	14.8	12.1	17.6
Southeast Region	48	3,497	13.7	9.9	17.6
LCL = lower confidence limit; UCL = upper confidence limit					

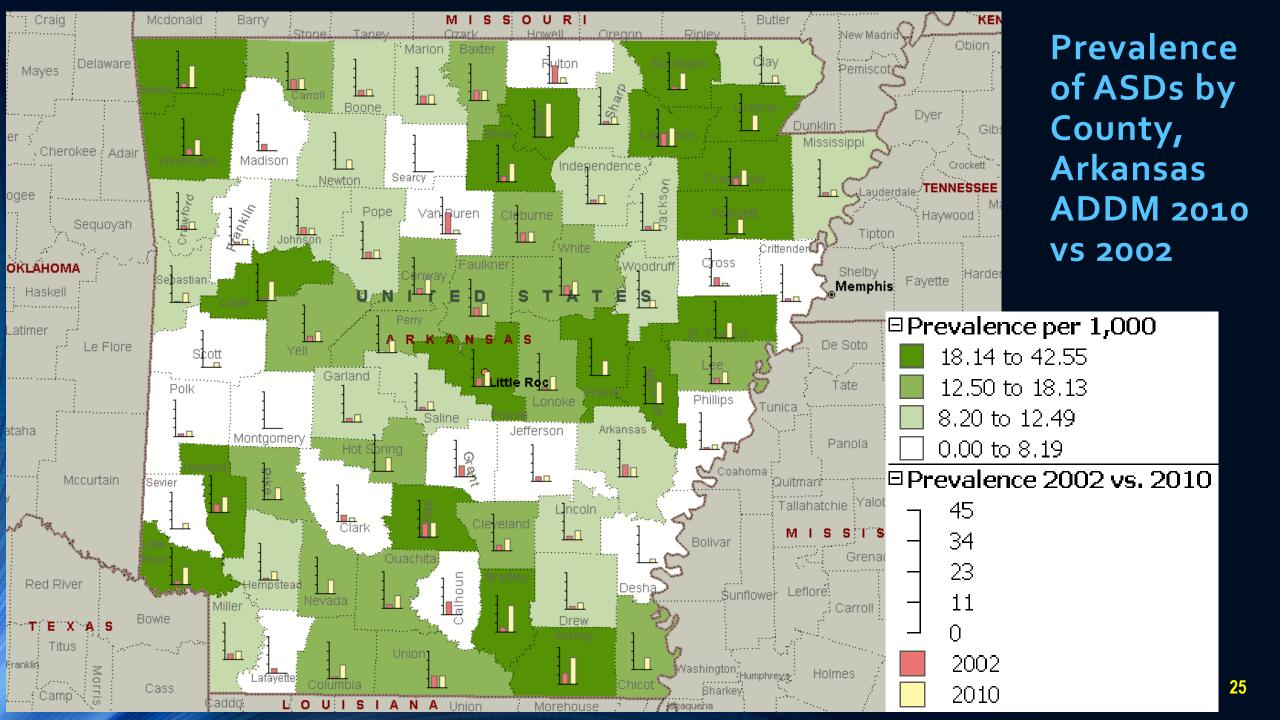


Arkansas Statewide & Regional ASD Prevalence: 2002 vs. 2010

	Surveillance Year 2002		Surveillance Year 2010			
	ASD	Population	Prevalence	ASD	Population	Prevalence
	confirmed	8-year old	per 1,000	confirmed	8-year old	per 1,000
	cases		population	cases		population
State Total	<u>251</u>	36,317	6.9	<u>605</u>	38,956	15.5
Northwest Region	70	11,261	6.2	231	13,365	17.3
Southwest Region	26	4,437	5.9	53	4,184	12.7
Central Region	91	9,460	9.6	164	10,561	15.5
Northeast Region	44	7,071	6.2	109	7,349	14.8
Southeast Region	20	4,088	4.9	48	3,497	13.7

Prevalence by County

2002 VS. 2010



Characteristics of Arkansas' 8-year-old Children with ASDs

Intellectual Ability & First Comprehensive Evaluation

Intellectual Disability (ID)

- AR ADDM was one of seven sites with data on ID
 - 95% of AR cases had IQ scores available
 - 2nd highest after NC (96%)
 - Collaboration & data quality → ADE

Among Kids with ASD:	With ID (IQ ≤ 70)	No ID (IQ > 70)
Arkansas	5.2 per 1,000 (35% of cases)	9.5 per 1,000 (65% of cases)
ADDM Network (All Sites Combined)	4.7 per 1,000 (31%)	10.2 per 1,000

ADDM Network ASD cases with Intellectual Disability:

48% of black children, 38% of Hispanic children, 25% of white children White children were more likely to have ASD <u>without</u> ID than Black or Hispanic children; Black children with ASD were more likely to <u>have</u> ID than White or Hispanic children.

Special Education Eligibility

Primary Special Education Eligibility	Percentage
Autism	60
Emotional disturbance	2
Specific learning disability	3
Speech or language impairment	16
Health or physical disability	10
Multiple disabilities	3
Intellectual disability	6
Total no. of ASD cases with special education records	496 (82% of 605 cases)

First Evaluation for Developmental Concerns

- Healthy People 2020 objective:
 - Increase the proportion of children w/ ASDs who have their first evaluation by 36 months
 - Arkansas → 35%
 - ADDM Network → 44% [Range 33% 59%]
- % who have a mention of developmental concern by 36 months:
 - Arkansas → 90%
 - ADDM Network -> 89% [Range 83% 94%]
- Median age at first evaluation:
 - Arkansas → 45 months
 - ADDM Network → 44 months [Range 33 45 months]

First Evaluation (continued)

- Median age of earliest documented ASD diagnosis (any subtype):
 - Arkansas SY2010 -> 61 months (highest in Network)
 - ADDM Network SY2010 \rightarrow 53 months (range 46 61 months)
 - Arkansas SY2002 → 59 months
- % who have previous diagnosis (DSM-IV-TR) in records:
 - Arkansas → 69%
 - ADDM Network -> 72% [Range 59% 88%]

Age of ASD Diagnosis by Subtype (DSM-IV-TR)

Subtype of Earliest Diagnosis:	Autistic Disorder	ASD/PDD	Asperger Disorder
Distribution of Subtypes— ARKANSAS	53%	31%	17%*
Distribution of Subtypes –ADDM Network	43% (range: 19-72%)	46% (range: 21-73%)	11% (range: 7-17%)
Median Age of Earliest Diagnosis— ARKANSAS	55 mos	63 mos	75 mos
Median Age of Earliest Diagnosis—ADDM Network	48 mos (range: 37-59)	50 mos (range: 39-63)	74 mos (range: 68-84)

Previous ASD Classification

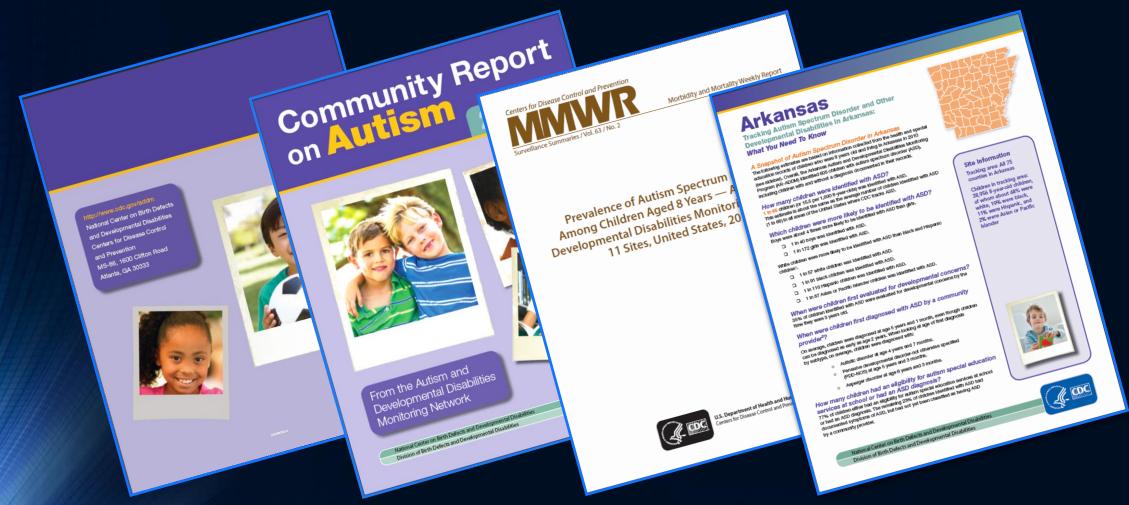
- Arkansas 2010

 77% of children had either an ADE eligibility for autism special education services at school or had an ASD diagnosis or both
 - Remaining 23% of children identified with ASD had documented symptoms of ASD, but had not yet been classified as having ASD by a community provider
 - ADDM Network 2010 -> 80% [Range 65% 90%]
 - AR ADDM 2002 → 82%

Bottom Line

- ASD prevalence in Arkansas has more than doubled from 1 in 145 (SY2002) to 1 in 65 (SY2010) among 8-year-olds.
- We are still challenged to:
 - Improve recognition and documentation of symptoms of ASD, particularly among children without intellectual disability and children in all racial/ethnic groups
 - Decrease the age when children are first evaluated for ASD, first receive an ASD diagnosis, and are first enrolled in communitybased supports

More Resources Available from CDC's ADDM Network



National Center on Birth Defects and Developmental Disabilities – Centers for Disease Control & Prevention

Autism and Developmental Disabilities Monitoring (ADDM) Network

http://www.cdc.gov/addm

For questions or comments, please contact:

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